

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5		1					55						
6		2					56						
7	1						57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15	1						65						
16		3					66						
17	1						67						
18							68						
19							69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						